

RECEIVED

STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

DEC 15 2016

S.D. SEC. OF STATE

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER <i>Waubay Clipper</i>		2. DATE <i>9-28-16</i>
3. FREQUENCY OF ISSUE <i>Weekly</i>	3A. NO. OF ISSUES PUBLISHED ANNUALLY <i>50</i>	3B. ANNUAL SUBSCRIPTION PRICE \$ <i>28 in state - \$37 out of state</i>
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) <i>P. O. Box 47 - Waubay, Day, South Dakota 57273-0047</i>		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) <i>P. O. Box 47 - Waubay, SD. 57273-0047</i>		
6. FULL NAME OF PUBLISHER: <i>Linda M. Walters</i>		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.) FULL NAME <i>Linda M. Walters</i> COMPLETE MAILING ADDRESS <i>P.O. Box 47 - Waubay, SD. 57273-0047</i>		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.) <i>None</i>		
9. EXTENT AND NATURE OF CIRCULATION		AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)		<i>400</i>
B. PAID AND/OR REQUESTED CIRCULATION		ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
1. Sales through dealers and carriers, street vendors, and counter sales.		<i>110</i>
2. Mail Subscription (Paid and or requested)		<i>229</i>
3. Paid Electronic Copies		<i>0</i>
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)		<i>339</i>
D. FREE DISTRIBUTION		ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
1. BY MAIL, CARRIER OR OTHER MEANS		<i>1</i>
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		<i>0</i>
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)		<i>340</i>
F. COPIES NOT DISTRIBUTED		ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
1. Office use, left over, unaccounted, spoiled after printing		<i>54</i>
2. Return from News Agents		<i>0</i>
G. TOTAL (Sum of E, F1 and F2 - Should equal total shown in A.)		<i>400</i>

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
 I swear that the statements made by me are true, correct, and complete:

Linda M. Walters
 (Signature)

State of South Dakota)
 County of *Day*)
 (Seal) PAULA J. BEISCH
 NOTARY PUBLIC
 SOUTH DAKOTA
 DAY COUNTY

Form: SOS REC 051 9/2016
 My Commission Expires: Jan. 26, 2022

Swearer
 (Title)

Sworn to before me this *28* day of *Sept*, 20 *16*
Paula J. Beisch
 Notary Public

My commission expires: *PAULA J. BEISCH*
 (Seal) NOTARY PUBLIC
 SOUTH DAKOTA
 DAY COUNTY

My Commission Expires: Jan. 26, 2022

SEP 29 2016

